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ABSTRACT

Many studies have documented the importance of family and friends in providing long-term care to the elderly. A study conducted in 1982 examined a nationally representative probability sample of informal caregivers assisting frail and/or disabled elderly persons in an effort to develop a descriptive profile of the informal caregiver. Data were drawn from the Informal Caregivers Survey, a component of the National Long-Term Care Survey (LTCS). From October 1982 through January 1983, interviews were conducted with 1,924 persons aged 14 years and older who were identified by the elderly participants of the LTCS as providing unpaid assistance with at least one activity of daily living. The results revealed that informal caregivers to the disabled elderly were predominantly female and that three-quarters of them lived with the care recipient. The findings suggest that caregivers as well as care recipients are a vulnerable group since one-third of the cargivers were over age 65, reported incomes in the poor to near-poor category, and described their health status as fair or poor. Less than 10 percent of the caregivers reported purchasing services. Evidence was also found of competing familial and employment demands among a subgroup of caregivers. References and five data tables are appended. (Author/[illegible])

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Caregivers of the Frail Elderly: A National Profile[1]

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ABSTRACT

An examination of data from the 1982 National Long-Term Care Survey reveals that informal caregivers to the disabled elderly are predominantly female and that three-quarters of them live with the care recipient. The data suggest that caregivers as well as care recipients are a vulnerable group since one-third are over age 65, report incomes in the poor to near-poor category and describe t eir health status as fair or poor. Less than 10 percent of the caregivers purchase services. There also is evidence of competing familial and employment demands among a subgroup of caregivers.

Key words: Informal Care, Caregiving to Aged

INTRODUCTION

After years of policy debate about the role of the family in providing long-term care, it is a truism that the family is the primary source of care for the frail and/or disabled elderly (Callahan et al., 1980; Doty, 1986). Nearly three-quarters of the disabled older persons who live in the community rely solely on family and friends while most of the remainder depend upon a combination of family care and paid help (Soldo, 1983; Liu et al., 1986).

Concern over the escalating costs of health care for the elderly, and the cost of institutional care for this group in particular, has stimulated interest in the role of the informal caregiver in providing long-term care. Policymakers are beginning to explore strategies for bolstering and strengthening the informal support system to help ensure that elderly persons are maintained in the community as long as possible. The avoidance or delay of institutionalization is, in turn, seen as a way to curtail the spiraling costs of these services.

Over the past decade a number of studies have documented the important role of family and friends in providing long-term care to the elderly. Much of this literature has focused on the composition of the informal caregiving network and the responsibilities and time commitment required for this activity. Some researchers (c.f., Cantor, 1983; Horowitz and Dobrof, 1982: Christianson and Stephens, 1984) have described the variety of sources for care including spouses, children, other relatives, friends and neighbors. Others (c.f., Brody, 1981; Cicirelli, 1983; Stoller, 1983) have focused on the role of adult children, daughters in particular, in providing care to elderly parents.

Many articles have addressed the problem of "caregiver burden;" that is, the social, emotional and financial costs associated with the caregiving

experience. Several studies (Brody, 1981; Johnson, 1983; Stoller, 1983) have described the burden caregiving imposes on the family and provided evidence that family support is threatened by the stress engendered by caregiving and by the continuing need to meet other family and work responsibilities.

The studies have shed new light on the nature and magnitude of the informal care system and have raised questions about the capacity of informal caregivers to continue providing the bulk of long-term care. However, these studies have not been especially helpful in the development of new policy (see Matthews, 1985 for a critical review) because the conclusions are often based on small, nonrepresentative samples of caregivers restricted to a particular geographic region, socioeconomic status and/or living arrangement (i.e., living with the dependent person). Many of the samples are drawn from individuals participating in formal service programs, an approach which introduces a significant selection bias. Finally, most of the studies are limited to analyses of the primary caregiver.

This study addresses many of these problems by examining a nationally representative probability sample of informal caregivers assisting frail and/or disabled elderly persons in 1982. The purpose of this paper is to present a descriptive profile of the informal caregiver including the major sociodemographic characteristics of the caregiver and care recipient, the level and type of caregiver commitment, and competing demands placed on the caregiver. Since the literature suggests that informal caregiving is primarily a female responsibility, key gender differences also will be explored.

METHODS

Data used for this paper are drawn from the Informal Caregivers Survey (ICS), a component of the larger National Long-Term Care Survey (LTCS) sponsored by the Department of Health and Human Services. The LTCS target population was the functionally impaired aged living in the community. Approximately 6400 persons drawn from the Medicare enrollment files and identified as having long-term problems with at least one activity of daily living (ADL) such as dressing or bathing or one instrumental activity of daily living (IADL) such as shopping were interviewed by personal visit (see Macken, 1986, for a detailed discussion of this survey).

The ICS was designed to provide national data on informal systems of long-term care. During October of 1982 through January of 1983, interviews were conducted with a sample of 1,924 persons at least 14 years of age who were identified by the elderly participants of the LTCS as providing unpaid assistance with at least one ADL.

Tests of statistical significance were used to determine whether differences between population estimates exist at specified levels of confidence or whether they simply occurred by chance. Differences were tested using Z-scores having asymptomatic normal properties, based on the rounded figures at the 0.05 level of significance. Unless otherwise noted, only statistically significant differences between estimates are discussed in the text.

RESULTS

Who Are the Caregivers?

In 1982 approximately 2.2 million caregivers aged 14 or older were providing unpaid assistance to 1.2 million noninstitutionalized elderly

disabled persons. Table 1 summarizes major characteristics of the informal caregivers by their relationship to the care recipient (i.e., spouse, child, other relative or friend). The majority of caregivers (71.5 percent) were female. Adult daughters comprised 28.9 percent of the group and wives 22.7 percent of all caregivers. Husbands accounted for almost 13 percent of this informal care system.

Approximately 70 percent of the population were primary caregivers with the remainder playing a secondary role. One-third of the caregivers were sole providers; 28.6 percent were primary caregivers with one or more unpaid helpers and 9.7 percent purchased services in addition to receiving unpaid assistance. While wives and husbands constituted the majority of the sole caregivers (60.4 and 55.4 percent respectively), 23 percent of the daughters as compared with 10.8 percent of the sons assumed primary responsibility with no assistance. In contrast, 52 percent of the sons were secondary caregivers compared with less than one-third of the daughters. Similarly, almost three-quarters of the other male caregivers were secondary helpers relative to one half of the other females.

The average age of the caregiver population was 57.3 years with one-quarter of them aged 65 to 74 and 10.1 percent aged 75 or over. Husbands were the oldest caregivers; 91 percent of the husbands were aged 65 or older compared with 73.3 percent of the wives. Almost three-quarters of the caregivers lived with the care recipient. No gender differences in living arrangements were observed among the children; however, 73.3 percent of the other male caregivers were living with the disabled person relative to 54 percent of the other females.

While the majority (57.1 percent) reported adjusted family incomes in the low to middle range, 31.5 percent of the caregivers had 1982 incomes falling

within the poor or near poor category. Almost one-quarter of the caregivers perceived their health status as excellent; one-third rated their general health as fair or poor.

Who Are the Care Recipients?

Selected characteristics of the elderly disabled population are summarized in Table 2. Among the 1.2 million frail elderly receiving informal care in 1982, one-fifth were 85 years or older with a mean age of 77.7 years. Sixty percent of the care recipients were female, a little over one-half were married and 41.3 percent were widowed. Approximately 40 percent lived with a spouse only, 35.7 percent resided with their spouse and/ or children and 10.7 percent lived alone. One-third of the disabled care recipients reported adjusted family incomes in the poor or near poor category while only 5 percent had high incomes.

Thirty-one percent of the elderly persons perceived their health status as fair and 38.4 percent reported their health status as poor. One fifth of the care recipients reported no ADL problems; 12.9 percent had difficulty with at least five ADLs. The mean ADL score was 2.2. Twenty-nine percent of the disabled elderly care recipients reported problems with up to three IADLs; 17.8 percent had at least eight IADL limitations. The mean IADL score was 5.2.

Gender differences in the proportion of caregivers providing informal care were observed with respect to several disabled person characteristics. Not surprisingly, wives were caring for the oldest group of impaired elderly with 13.7 percent assisting male spouses aged 85 or older compared with only 3.7 percent of the husbands. While the majority of caregivers were providing care to females, informal care does appear to be gender-linked. That is, 82.4

percent of the daughters were caring for mothers relative to 64.2 percent of the sons. A similar pattern emerged among the other caregivers with 79.2 percent of the other females helping disabled elderly women versus 63.2 percent of the other male caregivers.

With respect to living arrangements of the disabled person, wives were more likely than husbands (17 percent versus 8.7 percent) to be caring for their spouse in a multigenerational household. Although no gender differences in the proportion of caregivers were observed with respect to the health status or functional limitations of the disabled persons, it is interesting to note that daughters were caring for the most severely impaired elderly in terms of both ADL and IADL problems.

Competing Demands

These data provide some interesting insights into potential competing demands experienced by the caregivers. With respect to family obligations, the estimates in Table 1 indicate that less than one-fifth of the overall caregiver population, one-quarter of the caregiving children and one-third of the other caregivers reported the presence of children under the age of 18 in the household.

The figures in Table 1 provide evidence that there was conflict between employment and caregiving for part of the caregiving population. Approximately 9 percent reported they left the labor force to care for a disabled relative or friend. The likelihood of a husband or wife leaving the labor force to provide care was essentially the same (13.5 and 11.4 percent respectively); however, 12 percent of the daughters left their jobs to become a caregiver compared with only 5 percent of the sons.

Although these findings suggest that only a small proportion of caregivers were forced to stop working, the figures do not describe the full magnitude of this competing demand. For example, the estimates in Table 3 indicate that among the one million caregivers who had been employed sometime during the caregiving experience, one-fifth cut back on hours, 29.4 percent rearranged their schedules and 18.6 percent took time off without pay to fulfill caregiver obligations. Wives were more likely than husbands to rearrange their schedules. Daughters were more likely than sons to experience all three types of work conflict.

Caregiver Commitment

There was some variation in the amount of time committed to caregiving responsibilities (Table 4). Approximately 44 percent of the caregivers had been providing unpaid assistance for one to four years, 18 percent had been caring for the disabled person for less than one year, and one-fifth had been caring for the person for five years or more. Sixteen percent had ceased providing care during the three-month interval between their initial identification as a caregiver and the interview. Data not reported in this paper indicate that 23 percent of the caregivers stopped taking care of the disabled person because the care recipient was institutionalized. Approximately one-half ceased caregiving because of the care recipient's death.

Eighty percent of the overall caregiver population provided unpaid assistance seven days a week. Approximately three-quarters of the daughters and 71 percent of the sons devoted part of each day to caregiving activities. On an average day, caregivers spent approximately four extra hours on

caregiver tasks. Husbands reported spending five extra hours per day while wives and daughters provided a daily average of 4.1 hours of informal care.

With respect to caregiver tasks, approximately two-thirds of the caregivers provided assistance with one or more personal hygiene activities (i.e., feeding, bathing, dressing, toileting) and 46 percent helped the disabled person get around inside and/or get in and out of bed. Fifty-three percent administered medication to the disabled person. Four-fifths of the caregivers reported that they spent extra time performing one or more household tasks including meal preparation, housecleaning and laundry. The most frequently reported assistance with instrumental tasks (86.2 percent) were in relation to shopping and/or transportation. One-half of the caregivers spent time helping an elderly person with financial matters.

An examination of caregiver tasks provides evidence of gender differences. Daughters were more likely than sons (69.1 percent versus 53.8 percent) to provide assistance with personal care/hygiene tasks including one or more of the following: feeding, dressing, bathing, and toileting. A similar pattern emerged among the other female caregivers compared with their male counterparts. While no gender differences in personal care/mobility tasks were observed among caregiving children or others, 55 percent of the husbands helped their wives get around inside and/or get in and out of bed relative to 41 percent of wives caring for husbands.

In contrast to conventional wisdom, a larger proportion of husbands than wives (88.6 percent versus 73.6 percent) reported that they performed one or more household tasks (i.e., meal preparation, light housework, laundry) because of the spouses' disability. This finding must be interpreted with caution because of the manner in which the question was asked. That is, caregivers were asked whether they spent <u>extra time</u> doing these tasks. Since

wives are more likely than husbands to perform household activities, it is possible that caregiving husbands would perceive themselves as spending extra time on such tasks while wives would consider these activities to be an integral part of their role. This pattern, however, was reversed among the children and other caregivers. A larger proportion of caregiving daughters (87 percent) and other females (82.3 percent) reported that they spent extra time on household tasks relative to their male counterparts (74.4 percent and 65.5 percent respectively).

While no gender differences were observed among children and other caregivers with respect to shopping and/or transportation, approximately 89 percent of the husbands reported they spent extra time on these tasks compared with a little more than three-quarters of the wives. In contrast, 58.1 percent of the wives reported they spent extra time helping their spouses manage money compared with 42.4 percent of the caregiving husbands. Again, these gender differences may be attributed, at least in part, to differences in role expectations.

Level of Assistance

One issue of major concern in the caregiver literature is the degree to which informal caregivers rely on unpaid assistance and formal services and the factors which determine the level of additional help. The estimates in Table 5 indicate that sole caregivers and those with unpaid and paid assistance were the oldest with a mean age of 64.9 and 63.2 respectively. While there were no statistically significant differences in the perceived health status of the three primary caregiver subgroups, secondary caregivers were twice as likely as the primary caregivers to rate their health as excellent.

Marital status varied by level of caregiver responsibility. More specifically, a larger proportion of sole caregivers (78.1 percent) and those who purchased services (72.4 percent) were married than were those in the remaining categories. Type of living arrangement also varied by level of assistance; that is, 90.6 percent of the sole caregivers lived with the care recipient compared with 84.5 percent of those with informal help, 81.7 percent of those with paid and unpaid assistance and only 41.8 percent of the secondary caregivers.

Primary caregivers with no assistance were the least likely of the four categories to be working. In contrast, secondary caregivers were more likely than any of the other subgroups to be employed with approximately one-half in the labor force. While the majority of all caregivers reported incomes in the low to middle range, a little over one-third of the sole caregivers and those with informal help were poor or near poor in 1982.

The level of caregiver assistance varied with the number of tasks performed. Primary caregivers with informal and paid helpers performed the greatest number of activities of daily living tasks with an average of 3.0. Caregivers with formal assistance and/or informal help also performed a greater number of instrumental activities of daily living tasks than did the sole caregivers or the secondary helpers with an average of 6.3 and 6.1 respectively.

DISCUSSION

This paper has described key characteristics of a nationally representative sample of informal caregivers who were providing unpaid assistance in 1982 to functionally impaired elderly persons who reported problems with at least one activity of daily living. Readers should note that

the 2.2 million caregivers profiled in this paper underestimate the entire population of informal caregivers to the elderly. That is, relatives, friends and other unpaid helpers also provide assistance to elderly persons who have problems with instrumental activities of daily living but who are not ADL dependent.

This national profile supports the findings of previous researchers that informal caregivers are predominantly female with adult daughters providing almost one-third of the long-term care. Three-quarters of the caregivers live with the care recipient and the majority provide assistance seven days a week. They spend an average of four extra hours per day on caregiving activities.

It is interesting to note that husbands constitute approximately 13 percent of the caregivers. They are the oldest subgroup of caregivers and report spending the greatest number of extra hours fulfilling caregiver responsibilities. Furthermore, a little more than one-half of them provide this care with no informal or paid assistance. Therefore, while in the majority of cases caregiving is primarily provided by women, it is important to recognize that elderly husbands caring for disabled spouses also represent a potential target population for respite and other support services.

The data also reveal that a large proportion (roughly a third) of the caregivers are themselves over age 65, a finding which supports previous research suggesting that the informal care system is composed, in large part, of the "young-old" caring for the "old-old." In addition, the finding that one-third of the caregiver population are poor or near poor and describe their health as fair to poor suggests that caregivers as well as care recipients are a vulnerable group.

Competing demands appear to be a problem for many informal caregivers. Approximately one-quarter of the daughters and one-third of the other female caregivers have competing familial obligations. There also is evidence that work conflicts with caregiver responsibilities. While less than 10 percent of the caregivers reportedly quit their jobs to care for a disabled relative or friend, a sizeable proportion of female and male caregivers have had to rearrange their schedules, reduce their work hours and/or take time off without pay to fulfill caregiver obligations.

These competing demands may represent an even greater challenge to future cohorts of caregivers. Due to longer life expectancy and delayed childbearing, an increasing proportion of women will be in the position of providing care to both children under the age of 18 as well as elderly parents. These demographic trends, coupled with the projected increase in labor force participation rates among older women, imply that work and family obligations may conflict with caregiving responsibilities to a greater extent than they do today.

Another important finding to emerge from this analysis is that the majority of care is unpaid. Less than 10 percent of the caregivers report the use of formal services. Caregivers with higher family incomes and responsibility for more severely impaired persons are more likely to use formal help than are others.

This paper has provided a national profile of the informal caregiver population. Further research will explore the patterns of caregiving activities and the emotional, social and financial costs incurred by caregivers. We also plan to assess the impact of competing demands, and work

conflict in particular, on caregiver commitment and burden. Finally, we will examine the factors which help to determine the use of formal services by informal caregivers.

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Table 1: Major Characteristics of Caregivers by Relationship of Caregiver to Disabled Person (United States, 1982)

Caregiver Characteristics	All Persons	Relationship of Caregiver to Disabled Person					
		Female			Male		
		Spouse	Child	Other[a]	Spouse	Child	Other[a]
Population (1,000s)[b]	2,201	500	637	438	282	186	158
Percent	100.0	22.7	28.9	19.9	12.8	8.5	7.2
	Percentage Distribution						
Type of Caregiver							
Primary caregiver only	32.8	60.4	23.0	17.5	55.4	10.8	13.1
Primary caregiver with informal help	28.6	28.5	36.3	25.7	26.1	28.9	* 9.8
Primary caregiver with informal and formal help	9.7	9.1	11.1	7.0	15.8	* 8.1	* 3.6
Secondary caregiver	28.9	* 2.0	29.6	49.8	* 2.7	52.2	73.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Age in Years							
14-44	21.6	* 1.6	24.2	39.8	* .8	35.5	44.7
45-64	41.4	24.8	62.6	35.2	8.2	55.6	36.1
65-74	25.4	48.1	12.5	18.1	49.3	8.4	16.5
75+	10.1	25.2	* .4	6.9	41.7	* .5	* 2.7
Total	98.5	99.7	99.7	100.0	100.0	100.0	100.0
Mean Age	57.3	69.0	52.4	48.9	73.3	48.6	45.0
Racial Background							
White	79.5	85.3	78.2	71.0	89.1	78.5	74.2
Other	20.5	14.7	21.8	29.0	10.8	21.5	25.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Living Arrangements							
Lives with disabled person	73.9	99.3	60.6	54.0	98.6	60.6	73.3
Lives separately from disabled person	26.1	* .7	39.4	46.0	* 1.4	39.4	26.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Family Income[c]							
Poor/near poor	31.5	36.6	26.5	37.6	29.7	23.5	28.3
Low/middle income	57.1	58.8	57.3	49.5	63.2	60.6	57.6
High income	9.6	* 4.1	13.6	10.1	7.1	11.4	12.4
Total	98.2	99.5	97.4	97.2	100.0	95.5	98.3
Marital Status							
Married	69.5	98.7	55.7	51.4	99.6	52.8	48.6
Widowed	7.8	1.0	14.2	14.6	* .4	0	7.6
Divorced/separated	9.1	* .3	16.2	10.4	0	19.5	7.9
Never married	13.3	0	13.4	22.7	0	27.1	35.9
Total	99.7	100.0	99.5	99.1	100.0	99.4	100.0

Table 1: Continued

Caregiver Characteristics	All Persons	Relationship of Caregiver to Disabled Person					
		Female			Male		
		Spouse	Child	Other[a]	Spouse	Child	Other[a]
Population (1,000s)[b]	2,201	500	637	438	282	186	158
	Percentage Distribution						
Number of Children Less Than 18 Years of Age in Household							
None	78.9	94.2	75.8	63.2	94.8	75.5	62.1
1	9.5	* 3.1	10.8	15.4	* 3.5	12.4	16.0
2	7.3	* 2.3	8.8	13.3	* 1.7	8.2	8.8
3 or more	4.3	* .4	4.6	8.2	0	* 3.9	13.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Employment Status							
Working	30.9	9.9	43.5	32.9	12.3	55.1	45.7
Quit work to become caregiver	8.9	13.5	11.6	* 2.9	11.4	5.0	* .8
Not working for other reasons	59.7	76.2	44.7	64.2	76.3	39.9	53.5
Total	99.5	99.6	99.8	100.0	100.0	100.0	100.0
Health Status							
Excellent	24.0	17.2	24.5	30.5	17.3	23.2	38.6
Good	42.6	39.3	44.0	46.9	32.7	48.0	46.7
Fair or poor	33.4	43.5	31.5	22.6	50.0	28.8	14.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0

[a]Includes son or daughter-in-laws, siblings, grandchildren, other relatives, and nonrelatives.
[b]Includes persons with unknown age, marital status, education, family income, employment status.
[c]Total family income was adjusted for family size in keeping with the 1982 U.S. Bureau of Census definition of the poverty line income. The other income groups were defined in relation to poverty line income: income near poverty line (near poor), from more than 1.00 to 1.25 times; low income, from more than 1.25 to 2 times; middle income, from more than 2 to 4 times; and high income, greater than 4 times poverty line income in 1982.
[d]Personal care/hygiene refers to regular assistance with one or more of the following: feeding, bathing, dressing, toileting.

*Relative standard error equal to or greater than 30 percent.

SOURCE: 1982 National Long Term Care Survey/Survey of Caregivers

Table 2: Selected Characteristics of Disabled Person by Relationship of Caregiver to Disabled Person (United States, 1982)

Disabled Person Characteristics	All Disabled Persons	All Caregivers	Relationship of Caregiver to Disabled Person: Female Spouse	Female Child	Female Other	Male Spouse	Male Child	Male Other
Population (1,000s)[a]	1,194	2,201	500	637	438	282	186	158
Percent	100.0	100.0	22.7	28.9	19.9	12.8	8.5	7.2
	Percentage Distribution							
Age in Years								
65-74 years	42.7	40.6	53.7	26.2	34.5	68.5	34.0	32.5
75-84 years	36.2	36.3	32.6	38.3	41.6	27.8	34.3	36.6
85 years and older	21.1	23.1	13.7	35.5	23.9	3.7	31.7	30.9
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Mean age	77.7	77.7	75.1	80.5	78.6	72.4	79.4	79.2
Gender								
Female	60.0	62.5	—	82.4	79.2	100.00	64.2	63.2
Male	40.0	37.5	100.0	17.6	20.8	—	35.8	36.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Marital Status								
Married	51.3	45.7	98.8	19.0	13.1	98.8	22.0	8.1
Widowed	41.3	46.6	*.9	74.7	68.0	*.8	68.4	74.1
Divorced/separated	3.6	3.9	—	4.6	7.2	--	*7.7	*6.8
Never married	3.1	2.8	—	*.4	9.5	—	*.4	*10.3
Total	99.3	99.0	99.7	98.7	97.8	99.6	98.5	99.4
Living Arrangements								
Lives alone	10.7	11.0	0	14.8	23.1	0	12.7	13.5
Lives with spouse only	39.5	33.2	76.6	8.6	6.5	83.5	12.3	*4.1
Lives with spouse and/or children	35.7	41.4	17.0	69.5	34.4	8.7	72.7	46.8
Other arrangements	14.1	14.4	6.5	7.2	36.0	*7.8	*2.3	35.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Family Income								
Poor/near poor	33.0	33.1	36.6	38.4	36.9	29.7	30.8	43.2
Low/middle income	62.0	61.5	58.8	54.9	59.7	63.2	62.4	49.4
High income	5.0	5.4	*4.1	6.6	*3.4	7.1	*6.8	*7.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Table 2: Continued

Disabled Person Characteristics	All Disabled Persons	All Caregivers	Relationship of Caregiver to Disabled Person					
			Female			Male		
			Spouse	Child	Other	Spouse	Child	Other
Population (1,000s)[a]	1,194	2,201	500	637	438	282	186	158
	Percentage Distribution							
Perceived Health Status								
Excellent	6.9	7.7	5.2	9.4	8.9	3.0	8.6	12.7
Good	22.5	21.6	21.9	21.1	23.4	18.5	26.7	16.8
Fair	31.1	30.7	28.6	32.1	32.9	30.6	25.8	31.5
Poor	38.4	38.7	43.5	35.4	33.9	46.8	37.6	37.7
Total	98.9	98.7	99.2	98.0	99.1	98.9	98.7	98.7
ADL Score[b]								
No ADLs	20.9	19.4	21.8	18.6	20.2	16.0	18.4	20.8
1-2 ADLs	45.9	44.2	47.1	40.5	45.9	45.6	40.3	46.9
3-4 ADLs	20.3	20.0	21.2	21.3	16.4	20.9	24.8	13.7
5-6 ADLs	12.9	16.4	9.9	19.6	17.5	17.5	16.5	18.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Mean ADL score	2.2	2.2	1.9	2.3	2.1	2.3	2.3	2.1
IADL Score[c]								
0-3 IADLs	29.0	27.4	29.7	21.5	24.9	35.8	25.8	27.0
4-5 IADLs	25.1	24.0	21.4	22.1	28.4	28.7	23.9	21.8
6-7 IADLs	28.1	27.4	32.5	30.7	24.4	19.6	29.5	22.3
8-9 IADLs	17.8	21.2	16.4	25.7	22.3	15.9	20.8	28.9
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Mean IADL score	5.2	5.2	4.9	5.6	5.3	4.5	5.3	5.3

[a]Includes persons with unknown marital status and perceived health status.
[b]Activities of Daily Living (ADL) include needing assistance with eating, bathing, dressing, toileting, transference, mobility.
[c]Instrumental Activities of Daily Living (IADL) include needing assistance with taking medications and/or bandaging, meal preparation, managing finances, making telephone calls, doing laundry, housework, shopping, getting around outside, transportation.

*Relative standard error equal to or greater than 30 percent.

Source: 1982 National Long Term Care Survey/Survey of Caregivers

Table 3: Work Conflict Among Employed Caregivers[a] by Relationship to the Disabled Person (United States, 1982)

Type of Work Conflict	All Persons	Relationship to Disabled Person					
		Female			Male		
		Spouse	Child	Other	Spouse	Child	Other
Population (1,000s)	1,023	120	371	205	85	129	113
		Percent Citing Conflict					
Worked Fewer Hours	21.0	27.6	22.8	16.8	32.3	15.0	13.9
Rearranged Schedule	29.4	35.1	34.9	23.4	27.5	27.7	19.6
Took Time Off Without Pay	18.6	21.1	24.8	13.0	24.3	14.1	*6.3

[a]Respondent was not necessarily employed at the time of the interview, but had worked sometime during the caregiver experience.

*Relative standard error equal to or greater than 30 percent.

Source: 1982 National Long Term Care Survey/Survey of Caregivers

Table 4: Caregiver Commitment by Relationship of Caregiver to Disabled Person (United States, 1982)

Type of Commitment	All Persons	Relationship to Disabled Person					
		Female			Male		
		Spouse	Child	Other[a]	Spouse	Child	Other[a]
Population (1,000s)[b]	2,201	500	637	438	282	186	158
Percent	100.0	22.7	28.9	19.9	12.8	8.5	7.2
	Percentage Distribution						
Length of Caregiving							
Less than 1 year	18.0	19.3	20.4	18.0	14.6	16.0	12.3
1 to 4 years	43.9	44.0	44.8	42.5	49.1	37.9	42.2
5 years or more	20.2	24.9	18.8	15.2	24.3	19.4	18.9
No longer giving care	16.1	10.8	14.2	23.0	9.0	24.1	24.5
Total	98.2	99.0	98.2	98.7	97.0	97.4	97.9
Number of Caregiver Days Per Week							
1-3 days	14.4	*1.7	19.8	25.4	*1.8	19.4	18.2
4-6 days	5.8	*.9	7.2	10.4	*1.2	9.6	6.9
7 days	79.8	97.4	73.0	64.2	97.0	71.0	74.9
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of Extra Hours Per Day Spent on Caregiving							
None	4.4	6.7	3.6	3.1	3.9	4.6	5.0
1-2 hours	42.1	37.9	41.4	43.8	35.2	49.7	57.4
3-4 hours	25.3	26.3	26.5	27.3	24.1	21.9	18.9
5 hours or more	24.9	25.3	26.6	22.0	32.7	21.4	15.8
Total	96.7	96.2	98.1	96.2	95.9	97.6	97.1
Mean hours	4.0	4.1	4.1	3.6	5.0	3.5	3.2
	Percent Citing Each Task						
Caregiver Tasks							
Personal care[c]	67.2	78.7	69.1	65.6	70.1	53.8	38.0
Hygiene[d]	45.7	41.0	43.6	43.6	55.2	54.1	47.6
Mobility[d]							
Administration of medication[e]	53.1	60.9	56.7	48.1	53.1	48.1	33.3
Household tasks[f]	80.6	73.6	87.0	82.3	88.6	74.4	65.5
Shopping and/or transportation[f]	86.2	77.2	91.4	84.2	88.9	93.6	85.7
Handling finance[f]	49.2	58.1	59.4	35.4	42.4	50.8	28.8

[a]Includes son- or daughter-in-laws, siblings, grandchildren, other relatives, and nonrelatives.
[b]Includes persons with unknown length of caregiving and extra hours spent on caregiving.
[c]Personal care/hygiene refers to regular assistance with one or more of the following: feeding, bathing, dressing, toileting.
[d]Personal care/mobility refers to the regular assistance with getting in or out of bed and/or getting around inside.
[e]Administration of medication refers to giving disabled person injections and or medicine.
[f]Respondents were asked whether they spent extra time performing these items. Household tasks refer to extra time spent on one or more of the following: meal preparation, housecleaning, laundry.

*Relative standard error equals to or greater than 30 percent.

SOURCE: 1982 National Long Term Care Survey/Survey of Caregivers

Table 5: Selected Caregiver Characteristics by Level of Caregiver Assistance (United States, 1982)

Characteristics	Level of Assistance: Primary Caregiver Only	Primary Caregiver With Informal Help	Primary Caregiver With Informal/ Formal Help	Secondary Caregiver
Population (1,000s)[a]	722	630	212	637
Percent	32.8	28.6	9.7	28.8
		Percentage Distribution		
Age in Years				
14-44	6.9	19.0	10.5	44.5
45-64	33.7	42.9	38.4	41.7
65+	59.4	38.1	51.1	13.8
Total	100.0	100.0	100.0	100.0
Mean Age	64.9	58.1	63.2	45.8
Health Status				
Excellent	19.8	19.8	19.8	34.3
Good	38.5	42.5	43.7	47.0
Fair or poor	41.7	37.7	36.5	18.7
Total	100.0	100.0	100.0	100.0
Marital Status				
Married	78.1	69.8	72.4	58.4
Widowed	7.3	9.9	6.2	6.9
Divorced/separated	7.4	9.9	10.1	9.8
Never married	6.8	10.1	10.3	24.8
Total	99.6	99.7	99.0	99.9
Living Arrangements				
Live with disabled elderly	90.6	84.5	81.7	41.8
Live separately from disabled elderly	9.4	15.5	18.3	58.2
Total	100.0	100.0	100.0	100.0
Employment Status				
Working	15.8	30.8	27.2	49.4
Not working	73.2	58.7	64.6	42.5
Never worked	10.6	9.5	8.2	8.1
Total	99.6	99.0	100.0	100.0
Family Income				
Poor/near poor	35.1	34.6	23.1	26.9
Low/middle income	57.9	57.0	62.2	56.6
High income	6.5	8.7	14.3	12.6
Total	99.5	100.0	99.6	96.1

Table 5: Continued.

Characteristics	Level of Assistance: Primary Caregiver Only	Primary Caregiver With Informal Help	Primary Caregiver With Informal/ Formal Help	Secondary Caregiver
Population (1,000s)[a]	722	630	212	637
		Percentage Distribution		
Number of ADL Tasks Performed[b]				
No ADLS	26.7	22.7	14.3	34.8
1-2 ADLS	43.0	38.7	27.5	33.1
3-4 ADLS	18.9	22.8	31.7	20.5
5-6 ADLS	11.4	15.8	26.5	11.6
Total	100.0	100.0	100.0	100.0
Mean ADLs	1.9	2.2	3.0	1.8
Number of IADL Tasks Performed[c]				
No IADLs	6.7	*1.5	*.4	3.9
1-4 IADLs	32.1	24.8	15.4	47.7
5-6 IADLs	23.6	26.3	26.4	28.2
7-8 IADLs	21.0	25.9	32.7	15.4
9-10 IADLs	16.6	21.5	19.1	4.8
Total	100.0	100.0	100.0	100.0
Mean ADLs	5.3	6.1	6.3	4.4

[a]Includes persons with unknown age, employment status, marital status or economic status.

[b]Activities of Daily Living (ADL) tasks include help with eating, bathing, dressing, toileting, transference, mobility.

[c]Instrumental Activities of Daily Living (IADL) tasks include providing assistance with taking medications and/or bandaging, meal preparation, managing money, making phone calls, doing laundry, light housework, shopping, running errands, helping person get around outside, providing transportation.

*Relative standard error equal to or greater than 30 percent.

SOURCE: 1982 National Long Term Care Survey/Survey of Caregivers